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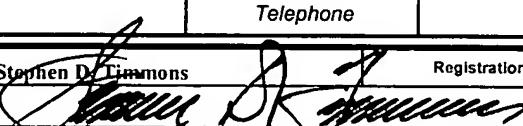
PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:		Attorney Docket No.	22970RE1																												
Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		First Named Inventor	Schmitt, Raymond F.																												
		Original Patent Number	5,433,064																												
		Original Patent Issue Date (Month/Day/Year)	07/18/1995																												
		Express Mail Label No.																													
APPLICATION FOR REISSUE OF: (Check applicable)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent																												
			<input type="checkbox"/> Plant Patent																												
APPLICATION ELEMENTS (37 CFR 1.173)																															
<table border="0"> <tr> <td>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</td> <td>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</td> </tr> <tr> <td>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td>11. <input type="checkbox"/> Original Patent Grant</td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</td> <td><input type="checkbox"/> Ribboned Original Patent Grant</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</td> <td><input type="checkbox"/> Statement of Loss (PTO/SB/55)</td> </tr> <tr> <td>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)</td> <td>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</td> </tr> <tr> <td>6. <input type="checkbox"/> Power of Attorney</td> <td>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>7. <input checked="" type="checkbox"/> Original U.S. Patent currently (If Yes, check applicable box(es))</td> <td>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</td> </tr> <tr> <td><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</td> <td>15. <input checked="" type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</td> <td>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td> </tr> <tr> <td>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</td> <td>17. Other: _____</td> </tr> <tr> <td>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</td> <td></td> </tr> <tr> <td>a. <input type="checkbox"/> Computer Readable Form (CFR)</td> <td></td> </tr> <tr> <td>b. Specification Sequence Listing on:</td> <td>i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper</td> </tr> <tr> <td>c. <input type="checkbox"/> Statements verifying identity of above copies</td> <td></td> </tr> </table>				1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original Patent Grant	3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant	4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)	5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	6. <input type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	7. <input checked="" type="checkbox"/> Original U.S. Patent currently (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment	<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: _____	9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)		a. <input type="checkbox"/> Computer Readable Form (CFR)		b. Specification Sequence Listing on:	i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper	c. <input type="checkbox"/> Statements verifying identity of above copies	
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18. CORRESPONDENCE ADDRESS																															
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Name																															
Address			Zip Code																												
City	State	Fax																													
Country	Telephone																														
NAME (Print/Type)	Stephen D. Timmons	Registration No. (Attorney/Agent)	26,513																												
Signature			Date 1/26/04																												

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

22970RE1

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 6	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 =	\$0
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ 43 =	\$0		x \$ 86 =	\$0
Basic Fee (37 CFR				\$385				\$770
Total Filing Fee				\$385				\$770

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) -Extra-Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 13	MINUS	** 6	* = 7	x \$ 9 =	\$63	x \$ 18 =	\$126
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 1	= 2	x \$ 43 =	\$86		\$172
Total Additional Fee				\$149	OR			\$298

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is _____.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-0522. _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 1,068 _____ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

1/26/04

Date



Signature of Applicant, Attorney or Agent of Record

26,513

Registration Number, if applicable

Stephen D. Timmons

Typed or printed name

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of)	Examiner:
)	Group Art Unit:
SCHMITT, Raymond F., et al.)	
)	
)	
Title: ROTARY CUTTER BED HARVESTER)	
WITH NON-AUGER CONVEYING MEANS FOR)		
OUTBOARD CUTTERS)	

TRANSMITTAL

Transmitted herewith is/are: Express Mail Transmittal; Reissue Patent Application Transmittal; Reissue Application Fee Transmittal Form; \$1,068 Filing Fee; Reissue Application Declaration by the Assignee (2 pages + Supplemental Sheet); Statement under 37 CFR 3.73(b) (1 page + Supplemental Sheet); Reissue Preliminary Amendment (7 pages); Statement of Status and Support for Changes to Claims under 37 C.F.R. § 1.173(c) (8 pages); Copy of U.S. Patent 5,433,064; Information Disclosure Citation (5 sheets + copies of references cited). This/These document(s) is/are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Mail Stop Reissue, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on January 26, 2004.

EL 993326599 US

Respectfully submitted,

HOVEY WILLIAMS LLP

by 
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2405 Grand Boulevard, Suite 400
Kansas City, Missouri 64108
(816) 474-9050

ATTORNEYS FOR APPLICANT

(Docket No. 22970REI)